

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD!  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Casa  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Rodolfo Somenzain (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
[If child is not yet named, make supplemental report, as directed.]

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other yes 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Feb. 17, 1925  
Month Day Year

8. FATHER  
Full name Augustin Somenzain  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 33 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Baker  
Nature of Industry

14. MOTHER  
Full maiden name Carmel Torres  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 42 (Years)  
18. Birthplace (city or place) Mexico  
(State or country)  
19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living none  
(b) Born alive but now dead none  
(c) Stillborn none  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated  
(Born alive or born.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Mch 10, 1925 Keon D. Brayton  
Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

749-202-446